

License Fee \$200
Paid ___/___/___

**TOWN OF DARTMOUTH, MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS**

RIGHT OF WAY APPLICATION

_____ (Applicant) hereby makes application for a license to engage in the business of Right of Way disturbance in the Town of Dartmouth on this _____ day of _____, 20__.

Business Name: _____ E-mail: _____
Address: _____ City / Town: _____ State: _____
Phone: _____ Emergency Phone: _____

GENERAL INFORMATION:

Please list the following information:

1. Name of Owner(s): _____
Number of years in business: _____
2. Name of Working Foreman: _____
Number of years of experience: _____
3. Number of full time employees: _____
4. Has the Company had its License to work in the Right of Way revoked in any City/Town in the past five (5) years? Y___ N___
If so, please name the City/Town and reason for having the License revoked.
City/ Town: _____
Reason: _____

_____ Date: _____
Authorized Signature Title

Application Reviewed by: _____ Date: _____

Recommended for Approval: _____ Date: _____
Director of Public Works

**TOWN OF DARTMOUTH, MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS**

Company Name

Company Address

Telephone Number

AUTHORIZED SIGNATURES

2018

1. _____
Signature Name Printed Title

2. _____
Signature Name Printed Title

3. _____
Signature Name Printed Title

4. _____
Signature Name Printed Title

5. _____
Signature Name Printed Title